



PARTICIPATION/REGISTRATION FORM

Pruzin Community Center

5750 Tyler Street

Merrillville, IN 46410

(219) 980-5911 office (219) 980-0928 fax

jorlich@merrillville.in.gov; rhashuroorda@merrillville.in.gov

PLEASE PRINT

Participant's First Name: _____ Driver's License Number: _____

Participant's Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Evening Telephone: _____

Email Address: _____

Program/Activity: _____ Birth Date: _____ Age: _____

Parent/Guardian Info (if under 18) _____

Emergency Contact Name: _____

Emergency Contact Telephone: _____

Doctor Name and Phone: _____

Any Medical Conditions and or Allergies, Please Explain: _____

WAIVER OF RELEASE

The participant for himself, herself, and as an authorized representative of a spouse or as a parent/guardian for a minor child, HEREBY AGREES TO RELEASE the Town of Merrillville, Indiana, Merrillville Parks and Recreation, its council, board members, employees, agents, and independent contractors from any injuries and/or damages sustained by the participants, spouse or minor child, in connection with the activity/program described above, or any transportation to or from, resulting from the NEGLIGENCE, in whole or in part of the parties hereby released.

I understand the Town of Merrillville staff may take photos or videos of participants in programs, events, activities or people in the parks to use for advertising. I am aware that these may be used in future publications, on the Town website or Town Facebook page, or for other local public access. The local press may cover activities, programs or events or people in the parks and I grant them permission for the same.

Signature: _____ Date: _____

Office Receipt #: _____